

**FORM FOR DEPARTMENT OF ENERGY (DOE) EMPLOYEES, OTHER GOVERNMENT AGENCIES AND ORO GOVERNMENT CONTRACTORS REQUESTING ACCESS TO OAK RIDGE OPERATIONS (ORO) COMPUTING RESOURCES**

A. NAME \_\_\_\_\_ B. PHONE \_\_\_\_\_ C. UID \_\_\_\_\_

D. BADGE NUMBER \_\_\_\_\_ E. SOC. SEC. NUMBER \_\_\_\_\_

F. ADDRESS:

DIVISION NAME \_\_\_\_\_ E-MAIL NAME \_\_\_\_\_

ROUTE SYMBOL/ORG. CODE \_\_\_\_\_ BRANCH NAME \_\_\_\_\_

BUILDING \_\_\_\_\_ MAIL STOP \_\_\_\_\_ ROOM \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

G. EMPLOYER/CONTRACTOR: \_\_\_\_\_

H. CITIZENSHIP: USA \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

I. CURRENT CLEARANCE LEVEL:

NONE \_\_\_\_\_ DOE Q \_\_\_\_\_ DOE L \_\_\_\_\_ OTHER US GOVERNMENT AGENCY (SPECIFY) \_\_\_\_\_

J. ACCESS REQUEST: I am requesting access to the following "UNCLASSIFIED" ORO information system resource(s):

1. ☐ OAKRIDGE Domain 2. ☐ DOE Mail 3. ☐ ORO-PPP 4. DOE-VPN\* (☐ ORO Network, ☐ DOEnet Only)

5. ☐ Other (Specify) \_\_\_\_\_

\* NOTE: If VPN is utilized for home use, the home computer must have: 1. Up to date and active virus software installed (e.g., McAfee, Norton, etc.) 2. Personal Firewall (e.g., ZoneAlarm, BlackICE, etc.).

K. DATES ACCESS IS REQUIRED: Begin: \_\_\_\_\_ End: \_\_\_\_\_

**APPLICANT RESPONSIBILITY STATEMENT**

This access is required in the normal course of my employment or other association with Oak Ridge Operations. I agree to abide by all applicable Oak Ridge Operations procedures and regulations governing these Information System resources. I understand that the Information system(s) for which I am requesting access contain(s) information which is the property of the DOE, and that I will treat and protect such information in a manner consistent with its sensitivity and that none of this information will be disclosed to others or retained by me at the end of my employment or other association with Oak Ridge Operations. I also understand that I am responsible for the protection of such information while it is in my possession or control and that the release of said information may be a violation of Federal Laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DOE/ORO DIVISION MANAGER OR CONTRACTING OFFICER REPRESENTATIVE STATEMENT**

I have reviewed and concur with the request to access the Oak Ridge Operations information systems resource(s) for the individual named in Section A of this form.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(type/print) Signature

**DOE/ORO/IRMD AUTHORIZER STATEMENT**

I have reviewed the request to access the Oak Ridge Operations Information Systems resource(s) for the individual named in Section A of this form and approve access to the AIS resources specified in Section J. This access is to be removed as of the end date in Section K.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(type/print) Signature